



COUNTY of NAPA

Napa County Mental Health Board
2261 Elm Street
Napa, California 94559-3721
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Dr. Robin Timm, Board Chair
Tracey Stuart, Board Vice Chair

Mental Health Board Member Reimbursement of Expenses Policy #06-03 (Updated in its entirety December 2013)

POLICY

5604.3 W&I Code states, "The Board of Supervisors may pay from any available funds the actual and necessary expenses of the members of the Mental Health Board of a Community mental health services incurred incident for the performance of their official duties and functions. The expenses may include travel, lodging, child care and meals for the members of an advisor board while on official business as approved by the director of mental health programs."

The Mental Health Board's definition of "available funds" are those funds that may be incorporated in a MHB budget that is proposed by the Chair and acted upon by the Mental Health Board on the recommendation of the MHB Executive Committee, and where this budget is approved by the Director of Mental Health Division, following the Health & Human Services Agency policies and procedures, and, when necessary, the Board of Supervisors.

Requests for reimbursement of expenses will follow the policies and procedures of Napa County, the Health & Human Services Agency and the Mental Health Division in effect at the time of the request.

All requests require prior authorization, and must be made in a timely manner, especially regarding travel and related expenses, such as conference fees. The following steps are to be followed in making requests.

PROCEDURES:

Submit a written request to the MHB Chair, or the Chair's designee. The request must include a breakdown of the details of the expense, and how the expense will benefit the business of the MHB, including how the expense relates to the current MHB Goals and Objectives.

The Chair, or the Chair's designee, will address any concerns or questions with the requesting member, and submit the request to the Executive Committee. The Executive Committee will consider the request, funds available and budget priorities, including the benefit to the Mental Health Board's goals, objectives and priorities.

If the request is not approved the applicant can appeal to the Mental Health Board. If the request is not approved by the MHB, there is no further appeal.

Approved requests are then forwarded to the Director of the Mental Health Division for approval or denial. The Director's action is final.

After expenses are incurred, the member will submit to the Chair, or the Chair's designee, the appropriate County Claim form with all required receipts and documentation. If in order, the claim will be submitted to the MHB secretary for processing.

Napa County Health & Human Services Agency TRAVEL REQUEST

Employee Name: _____ Job Title: _____
 Title (Name of training, conference etc.): _____
 Date(s) (include travel days): _____
 Location city: _____
 Justification: _____

SUBMIT ORIGINAL COMPLETED REGISTRATION FORMS, BROCHURES. If authorized to attend, charges may not exceed those approved on this form and/or department policy allowances.

COST CATEGORIES

ANTICIPATED AMOUNTS

Registration	please indicate payment for registration, lodging and/or airfare:	
Paid by Employee (submit for reimbursement)] Paid by Fiscal (4 weeks for timely processing)		
Lodging	Roommate:	
Paid by Employee (submit for reimbursement)] Paid by Fiscal (4 weeks for timely processing)		
Airfare	Agent:	
Paid by Employee (submit for reimbursement) Paid by Fiscal (4 weeks for timely processing)		
Meals	same day travel- actual cost up to:	
Bridge Tolls		\$
Parking		
Other Costs		\$
Mileage (own car)	cents per mile:	
County Car		

TOTAL ANTICIPATED AMOUNT CHARGED TO COUNTY: _____

Comp/Overtime	Anticipated number of hours: _____	
Payroll Status:	Code 001/regular work hours	Code 124/Education leave hours
	Attending on non-work hours	Other paid leave (specify)

Employee signature: _____ Date: _____

SIGNATURES	Approved	Denied	Date	Signature
Supervisor				
Program Manager				
Division Manager				
Fiscal Manager				

COSTS FOR THIS TRAVEL TO BE CHARGED TO:
 BUDGET UNIT _____
 PROGRAM _____

MENTAL HEALTH BOARD MEMBER TRAVEL EXPENSE CLAIM REPORT							
MH Board Member Name:							
		<i>Print Name</i>					
Event / Location:							
Date(s):							
Expenses	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Registration							
Airfare							
Lodging							
Breakfast							
Lunch							
Dinner							
Bridge Tolls							
Parking							
Mileage							
Daily Totals	0	0	0	0	0	0	0
Grand total	0						
Signature:					Date:		
<i>Note : Receipts must be submitted for all expenses listed.</i>							
I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with the Board of Supervisor's policy in the service of the County of Napa during the month(s) of _____, 2____; that all items shown were for the official business of County; that no meals claimed on this voucher were eaten at my headquarters or residence; that no part thereof has been heretofore paid by the County or by any other entity; that the amount therein is just due, and that the same is presented within six months after the last item thereof has occurred.							